



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691
www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

September 26, 2013

Gordon D. McKay
Westlake Athletic Club
32250 West Triunfo Canyon Road
Westlake Village, CA 91361

HEARING ON APPLICATION FOR HEALTH SPA/CLUB **BUSINESS LICENSE ID #140030**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, October 09, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :METRO NEWS

PUBLISH 3 TIMES

1ST PUBLISHING DATE:09/19/2013
2ND PUBLISHING DATE:09/26/2013
3RD PUBLISHING DATE:10/03/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

HEALTH SPA/CLUB

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:32250 W. TRIUNFO CYN RD
WESTLAKE VILLAGE, CA 91361
NAME OF APPLICANT:WESTLAKE ATHLETIC CLUB/
GORDON D. McKAY
WESTLAKE ATHLETIC CLUB
DATE OF HEARING:10/09/2013
TIME OF HEARING:09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908**

TELEPHONE: **(818) 896-164**

OWNER OF BUSINESS: **GORDON D MCKAY**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **WESTLAKE ATHLETIC CLUB**

MAILING ADDRESS: **32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
• <input checked="" type="checkbox"/> 2. Risk Management	YES	09/05/13	dmiles
• <input checked="" type="checkbox"/> 3. Building & Safety	YES	08/23/13	dmiles
• <input checked="" type="checkbox"/> 4. Fire Department	YES	03/07/13	dmiles
• <input checked="" type="checkbox"/> 5. Public Health	YES	07/18/13	dmiles
• <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	09/03/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/23/13	dmiles
<input type="checkbox"/> 10. Weights and Measures			
• <input checked="" type="checkbox"/> 11. Publishing	YES	09/19/13	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
• <input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/17/13	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 1,750.00 - (Health Club/Spa)
\$ 194.00 - (Swimming Pool)

ID # 148030

BUSINESS INFORMATION

Type of Business: Health Club/Spa (5912) Swimming Pool (0372)	Address of Business: 32250 W. Triunfo Canyon Rd Westlake Village, CA 91361 Business Telephone: 818-889-6164	
DBA (Business Name): WESTLAKE VILLAGE ATH CLUB	Mailing Address: 32250 W. Triunfo Canyon Rd. Westlake Village, CA 91361	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required: PARTNERSHIP		
Date of Incorporation: 1-1-2012	Incorporated in the State of: CALIFORNIA	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
GORDON A. MCKAY		PRES CAC, INC GP

APPLICANT INFORMATION

Applicant's Full Name: GORDON A. MCKAY		
Home Address: 1		
Home Telephone: 6	Cell Phone: 6	Email address: gordon@bssmco.com
Social Security #: 1	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date:
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: 6' 11"	Weight: 1
Hair Color:		Eye Color:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 1/22/13 Applicant's Signature: [Signature]
Application taken by: DMB Date: 02-12-2013

* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline
1-800-544-6861

CERTIFICATION OF LOBBYIST REQUIREMENT

Each person or entity who applies for a county contract, permit, grant, license or franchise shall, as a part of the application for such contract, permit, grant, license or franchise, certify that the applicant is familiar with the requirements of this chapter, and that all persons acting on behalf of the applicant have complied therewith and will continue to comply therewith throughout the application process. A person or entity who seeks a contract, permit, grant, license or franchise from the county shall be disqualified therefrom if any lobbyist, lobbying firm lobbyist employer or other person or entity acting on behalf of the person or entity seeking the contract, permit, grant, license or franchise fails to comply with the provisions of this chapter.

Please submit the certification below with your application for a County Business License.

The applicant certifies that:

1. I am familiar with the requirements of the County of Los Angeles Lobbyist Ordinance, Los Angeles County Code Chapter 2.160
2. All persons acting on behalf of the applicant have complied and will comply with the Lobbyist Ordinances; and
3. The applicant is not on the County Executive Office's List of Terminated Registered Lobbyists.


Applicant's Signature


Applicant's Name

Lobbyist Name

(Applies to lobbyist, lobbying firms, and lobbyist employers)

Lobbyist Address

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Barbara

On Jan. 31, 2013 before me, Lisa M. Ewing, Notary Public

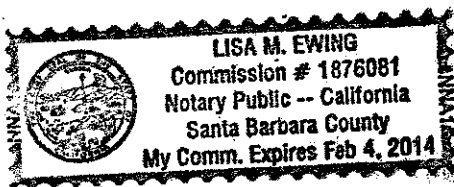
Date

Here Insert Name and Title of the Office

personally appeared Gordon McKay

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature: Lisa M. Ewing

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Letter to Confirm John Sutcliffe authorized to submit

Document Date: Jan 31, 2013

Number of Pages: 1

Signer(s) Other Than Named Above: —

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☒ Partner — ☐ Limited ☒ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

TELEPHONE: (818) 896-164

OWNER OF BUSINESS: GORDON D MCKAY

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: WESTLAKE ATHLETIC CLUB

MAILING ADDRESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

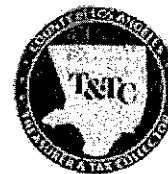
SIGNATURE: Kerry F...

DATE: 9/5/2013



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908**

TELEPHONE: **(818) 896-164**

OWNER OF BUSINESS: **GORDON D MCKAY**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **WESTLAKE ATHLETIC CLUB**

MAILING ADDRESS: **32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

WESTLAKE VILLAGE

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*This business is a fully permitted and compliant
with all portions of the Municipal Code.*

SIGNATURE:

[Signature]

DATE:

8/22/13

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

NRCB

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

TELEPHONE: (818) 896-164

OWNER OF BUSINESS: GORDON D MCKAY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: WESTLAKE ATHLETIC CLUB

MAILING ADDRESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 3-6-13

BASIC LICENSE NO. 5912

DATE 02/13/13

IDENTIFICATION NUMBER 140030

SD 408

86 6/2 2/13/13

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: SWIMMING POOL-PUBLIC
ADDRESS OF BUSINESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908
TELEPHONE: (818) 896-164
OWNER OF BUSINESS: GORDON D MCKAY
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: WESTLAKE ATHLETIC CLUB
MAILING ADDRESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: A public Health Lic For the swimming pool &
spa was issued on 10-03-12- (7320 code)
222064-acc. no.

SIGNATURE: [Signature]

DATE: 2-20-13

BASIC LICENSE NO. 0372

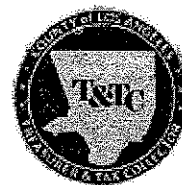
DATE 02/13/13

IDENTIFICATION NUMBER 140030



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908**

TELEPHONE: **(818) 896-164**

OWNER OF BUSINESS: **GORDON D MCKAY**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **WESTLAKE ATHLETIC CLUB**

MAILING ADDRESS: **32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**TREASURER & TAX COLLECTOR
LA COUNTY**

☐ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 9-3-13



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

TELEPHONE: (818) 896-164

OWNER OF BUSINESS: GORDON D MCKAY

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: WESTLAKE ATHLETIC CLUB

MAILING ADDRESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

WESTLAKE VILLAGE

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*This business is a permitted use and operates
in total compliance with the City's Municipal*

SIGNATURE:

G. McKay

DATE:

8/22/13

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

913-00256
Rice

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

TELEPHONE: (818) 896-164

OWNER OF BUSINESS: GORDON D MCKAY

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: WESTLAKE ATHLETIC CLUB

MAILING ADDRESS: 32250 W TRIUNFO CANYON RD, WESTLAKE VILLAGE, CA 91361-3908

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: *Approved*

SIGNATURE: *[Signature]*

DATE: *5/15/13*

RB